### Case 19-10093 Doc 3 Filed 01/29/19 Page 1 of 48

Fill ir	this info	ormation to ident	ify your o	ase:					
Debte	or 1	Jason Cha	arles Co	leman					
Debto	or 2	First Name	Nicolo (	Middle Name		Last Name			
	e if, filing)	Courtney First Name	NICOIE C	Middle Name		Last Name			
Unite	d States	Bankruptcy Court	for the:	MIDDLE DISTRIC	T OF NORTH	d CAROLINA			
Case (if know	number	19-10093						□ Ch	eck if this is an
								_	ended filing
Offi	cial F	orm 106S	um						
Sun	nmary	of Your As	sets a	nd Liabilitie	s and Ce	ertain Statist	tical Informatio	n	12/15
inforn	nation. Foriginal f	ill out all of your	schedule ill out a r		ete the infor	mation on this for	are equally responsib m. If you are filing amo s page.		
									r assets
								Valu	e of what you own
1.	<b>Schedul</b> e 1a. Copy	e A/B: Property (0 line 55, Total real	Official Fo estate, fr	rm 106A/B) om Schedule A/B				\$_	104,060.00
	1b. Copy	line 62, Total pers	sonal prop	erty, from Schedule	A/B			\$_	45,293.58
	1с. Сору	line 63, Total of al	l property	on Schedule A/B				\$_	149,353.58
Part 2	2: Sun	nmarize Your Lial	bilities						
									r liabilities ount you owe
				aims Secured by Pro nn A, Amount of clai			e of Part 1 of <i>Schedule L</i>	D \$ _	298,379.84
				<i>Insecured Claims</i> (Claims) (Claims) (Claims)			e E/F	\$ _	514.18
	3b. Copy	the total claims fr	om Part 2	? (nonpriority unsecu	ured claims) f	rom line 6j of Sche	dule E/F	\$ _	31,659.51
							Your total liabilit	ties \$	330,553.53
Part 3	3: Sun	nmarize Your Inco	ome and	Expenses					
		: I: Your Income (C						¢	8,500.00
	Copy you	ir combined month	ily income	e from line 12 of Sch	nedule I			\$ _	0,300.00
		J: Your Expenses or monthly expense		Form 106J) ne 22c of <i>Schedule</i> .	J			\$_	12,113.33
Part 4	4: Ans	wer These Quest	ions for	Administrative and	Statistical F	Records			
6.	Are you	filing for bankrup	tcy unde	r Chapters 7, 11, o	r 13?				
	No.	You have nothing	to report	on this part of the fo	rm. Check thi	s box and submit t	his form to the court with	n your other	schedules.
	☐ Yes								
7.	What kin	d of debt do you	have?						
				umer debts. Consu § 101(8). Fill out line			y an individual primarily 28 U.S.C. § 159.	for a persor	nal, family, or
		r debts are not procurt with your other			ou have nothi	ng to report on this	part of the form. Check	this box and	d submit this form to
Offici	al Form 1	•		f Your Assets and	Liabilities ar	nd Certain Statisti	cal Information		page 1 of 2

#### Case 19-10093 Doc 3 Filed 01/29/19 Page 2 of 48

Debtor 2	Courtney Nicole Coleman	Case number (if known)	19-10093	

8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form	
	122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14.	\$

\$ 	

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

Debtor 1 Jason Charles Coleman

	Total claim
From Part 4 on Schedule E/F, copy the following:	
9a. Domestic support obligations (Copy line 6a.)	\$
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$
9d. Student loans. (Copy line 6f.)	\$
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$
9g. <b>Total.</b> Add lines 9a through 9f.	\$

	C	ase 19-100	93 Doc 3	Filed 01/29/19 Pa	age 3 of 4	18	
Fill in this info	ormation to identify	your case and th	nis filing:				
Debtor 1	Jason Charl		e Name	Last Name			
Debtor 2 (Spouse, if filing)	Courtney Nic First Name	cole Coleman Middle	e Name	Last Name			
United States I	Bankruptcy Court for	the: MIDDLE DI	ISTRICT OF NOR	RTH CAROLINA			
Case number	19-10093						☐ Check if this is an amended filing
Schedu In each category think it fits best.	Be as complete and a ore space is needed,	roperty escribe items. List a accurate as possible	e. If two married pe	. If an asset fits in more than one cople are filing together, both are in the top of any additional pages	equally respo	nsible for sup	plying correct
		uilding Land or Otl	har Baal Estata Va	u Own or Have an Interest In			
1.1 <b>1706 Ro</b>	e is the property?  SS Wood Road  ss, if available, or other des	cription	☐ Single-fai	perty? Check all that apply mily home r multi-unit building	the amount of	of any secured	ims or exemptions. Put claims on <i>Schedule D:</i> is <i>Secured by Property</i> .
<b>Trinity</b> City	NC State	<b>27370-0000</b> ZIP Code	☐ Manufact ☐ Land	nium or cooperative ured or mobile home nt property e		erty? 4,060.00	Current value of the portion you own? \$104,060.00
			Other Who has an inte	Farm erest in the property? Check one only		simple, tena ), if known.	our ownership interest ency by the entireties, or
Randolph County		□ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another  Other information you wish to add about this item, such as local property identification number:					
			PIN No.: 679 Tax Apprais	2301482 ed Value, including land a	and misc. in	nprovemer	nts to land
				ies from Part 1, including any		>	\$104,060.00

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

#### Case 19-10093 Doc 3 Filed 01/29/19 Page 4 of 48

Debte Debte		Jason Charles Coleman Courtney Nicole Coleman		Case number (if known)	19-10093
3. <b>Ca</b>	rs, vans	, trucks, tractors, sport utility ve	hicles, motorcycles		
	No				
■,	Yes				
3.1	Make:	Ford	Who has an interest in the property? Check one		ured claims or exemptions. Put secured claims on Schedule D:
	Model:	F250	■ Debtor 1 only		ve Claims Secured by Property.
	Year:	2000	☐ Debtor 2 only	Current value of	the Current value of the
	Approxi	mate mileage: 286,043	☐ Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other in	ıformation:	☐ At least one of the debtors and another		
			☐ Check if this is community property (see instructions)	\$2,000	9.00 \$2,000.00
		GMC	W	Do not deduct sec	ured claims or exemptions. Put
3.2	Make:	Yukon	Who has an interest in the property? Check one	the amount of any	secured claims on Schedule D:
	Model:	2001	Debtor 1 only	Creditors who Ha	ve Claims Secured by Property.
	Year:	mate mileage: 335,287	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	Current value of tentire property?	the Current value of the portion you own?
		Information:	☐ At least one of the debtors and another	chare property:	portion you own.
			☐ Check if this is community property (see instructions)	\$1,000	0.00 \$1,000.00
			d other recreational vehicles, other vehicles		
Exa	ampies: t	Boats, trailers, motors, personal wa	tercraft, fishing vessels, snowmobiles, motorcy	cle accessories	
	No				
	Yes				
			n for all of your entries from Part 2, includin that number here		\$3,000.00
.pe	iges you	i nave attached for r art 2. Write	inat number nere		
Part 3	Descr	ibe Your Personal and Household Ite	ems		
Do y	ou own	or have any legal or equitable in	terest in any of the following items?		Current value of the
					portion you own?  Do not deduct secured claims or exemptions.
		I goods and furnishings Major appliances, furniture, linens	. china. kitchenware		
	No	,,,,	,		
	Yes. Do	escribe			
					<b>.</b>
		Furnishings and	d Household Goods - see Exhibit A		\$1,645.00
E>	ectronic camples:		eo, stereo, and digital equipment; computers, p nedia players, games	rinters, scanners; music c	ollections; electronic devices
	Yes. D	escribe			
		Electronics - se	e Exhibit 2		\$460.00
	llootible	e of value			

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

■ No

### Case 19-10093 Doc 3 Filed 01/29/19 Page 5 of 48

Debtor Debtor		les Coleman cole Coleman	Case number (if known)	19-10093
ПΥ	es. Describe			
Exai	musical instr	ographic, exercise, and other hobby equipment; bicycles, pool tal	bles, golf clubs, skis; canoes	and kayaks; carpentry tools;
		Sports and Hobby Equipment - see attached Exhibi	t 3	\$200.00
□и	amples: Pistols, rifle	s, shotguns, ammunition, and related equipment		
		Firearms - see Exhibit 4		\$750.00
□и	amples: Everyday cl	othes, furs, leather coats, designer wear, shoes, accessories		
		Family's clothing		\$750.00
□N	a <i>mples:</i> Everyday je	Mixed assortment of silver and gold rings, necklace watch, etc.		old, silver
Exa ■ N	n-farm animals amples: Dogs, cats, to es. Describe	birds, horses		
■ N	-	d household items you did not already list, including any he	ealth aids you did not list	
		of all of your entries from Part 3, including any entries for panumber here	ages you have attached	\$4,105.00
	Describe Your Finar	egal or equitable interest in any of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
ПΝ	amples: Money you o	have in your wallet, in your home, in a safe deposit box, and on	hand when you file your petiti	on
			Cash	\$200.00

## Case 19-10093 Doc 3 Filed 01/29/19 Page 6 of 48

	ebtor 1 ebtor 2		on Charle rtney Nie					Case number (if known)	19-10093
17.	_ ′	<i>ples:</i> Ch	ecking, sa				certificates of deposit; s the same institution, list	hares in credit unions, brokerage leach.	houses, and other similar
	□ No ■ Yes						Institution name:		
									****
				17.1.	Checking A	Account	Members Credit Ur	nion - 1586	\$905.58
18.	Examp				ly traded stoo ent accounts w		ge firms, money market a	accounts	
	■ No □ Yes				Institution or is	ssuer name	:		
19.	Non-pu	ublicly	traded st	ock and	interests in in	corporate	d and unincorporated b	ousinesses, including an interes	t in an LLC, partnership, and
		enture/							
	■ No □ Yes.	Give s	pecific info	ormation	about them				
		00	p 0 0		ne of entity:			% of ownership:	
20.	Negoti	iable ins	struments	include p	ersonal check	s, cashiers	e and non-negotiable in checks, promissory note to someone by signing of	es, and money orders.	
	☐ Yes.	Give sp	ecific info		about them uer name:				
21.	Examp		pension erests in I			1(k), 403(b)	, thrift savings accounts,	or other pension or profit-sharing	plans
	■ No	List oa	ch accoun	t conarat	olv.				
	<b>—</b> 103.	List cat	on accoun		of account:		Institution name:		
22.	Your s	hare of		d deposit	s you have ma			e or use from a company ater), telecommunications compar	nies, or others
	Yes.						Institution name or indi	vidual:	
				Depo	sit		Deposit for Rescine Purchase with Heri	ded Mobile Home itage Housing of Asheboro	\$10,000.00
23.	Annuit ■ No	t <b>ies</b> (A d	contract fo	or a perio	dic payment of	money to y	ou, either for life or for a	number of years)	
	■ No  Yes		lss	suer nam	e and descript	ion.			
24.					n an account i and 529(b)(1).		ed ABLE program, or u	nder a qualified state tuition pro	ogram.
	■ No	- 33 -	()(),						
	☐ Yes		In	stitution r	ame and desc	cription. Sep	parately file the records of	of any interests.11 U.S.C. § 521(c)	:
25.	Trusts,	, equita	ble or fu	ture inte	ests in prope	erty (other t	than anything listed in	line 1), and rights or powers exe	ercisable for your benefit
		Give s	pecific info	ormation	about them				
26.	_Examp						ner intellectual property om royalties and licensing		
	■ No □ Yes.	Give s	pecific info	ormation	about them				

## Case 19-10093 Doc 3 Filed 01/29/19 Page 7 of 48

	ebtor 1 ebtor 2	Jason Charles Coleman Courtney Nicole Coleman			ase number (if known)	19-10093
27.	_Examp	es, franchises, and other gene les: Building permits, exclusive li	ral intangibles censes, cooperative association holdi	ngs, liquor licens	es, professional licens	es
	■ No □ Yes.	Give specific information about t	hem			
M	oney or <sub>l</sub>	property owed to you?				Current value of the portion you own? Do not deduct secured claims or exemptions.
	■ No	unds owed to you  Give specific information about the	nem, including whether you already file	ed the returns an	d the tax years	
29.	□ No		ny, spousal support, child support, ma	intenance, divord	ce settlement, property	settlement
			\$189 a month (no payments in	n 1 year)		<b>\$2,200.00</b>
					Child Support	\$2,268.00
31.	Interes Examp ■ No □ Yes.	Name the insurance company of Company	rance; health savings account (HSA); each policy and list its value. name:	credit, homeown Beneficiar		nce Surrender or refund value:
	If you a someo		ou from someone who has died t, expect proceeds from a life insurance	ce policy, or are o	currently entitled to rece	eive property because
33.	Examp ☐ No		or not you have filed a lawsuit or mutes, insurance claims, or rights to sue		or payment	
	_ 100.	Γ	Claim for return of deposit for re	escinded mob	ile home	Unknown
34.	■ No	contingent and unliquidated cla	nims of every nature, including cou	nterclaims of the	e debtor and rights to	set off claims
	■ No	ancial assets you did not alreading Give specific information	dy list			

### Case 19-10093 Doc 3 Filed 01/29/19 Page 8 of 48

Debtor 1 Debtor 2	Jason Charles Coleman Courtney Nicole Coleman	Case number (if known)	19-10093
	the dollar value of all of your entries from Part 4, including any entries for part 4. Write that number here		\$13,373.58
Part 5: De	escribe Any Business-Related Property You Own or Have an Interest In. List any real o	estate in Part 1.	
□ No. G	own or have any legal or equitable interest in any business-related property? to to Part 6.		
Yes.	Go to line 38.		
			Current value of the portion you own?  Do not deduct secured claims or exemptions.
38. <b>Acco</b> u	unts receivable or commissions you already earned		
■ No □ Yes.	. Describe		
Exam ■ No	equipment, furnishings, and supplies  aples: Business-related computers, software, modems, printers, copiers, fax mach	hines, rugs, telephones, desks	, chairs, electronic devices
□ No	nery, fixtures, equipment, supplies you use in business, and tools of your t	trade	
	Tools of the Trade - see Exhibit 5		\$615.00
41. Invent	tory		
■ No □ Yes.	. Describe		
42. Interes	sts in partnerships or joint ventures		
■ No	. Give specific information about them		
<b>□</b> 163.	Name of entity:	% of ownership:	
43. <b>Custo</b>	mer lists, mailing lists, or other compilations		
	our lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))	?	
	■ No		
	☐ Yes. Describe		
44. <b>Any b</b> ■ No	usiness-related property you did not already list		
	. Give specific information		
	the dollar value of all of your entries from Part 5, including any entries for p Part 5. Write that number here		\$615.00

### Case 19-10093 Doc 3 Filed 01/29/19 Page 9 of 48

	otor 1 otor 2	Jason Charles Coleman Courtney Nicole Coleman Case number (if known)	19-10093
Part		scribe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. ou own or have an interest in farmland, list it in Part 1.	
46.	-	own or have any legal or equitable interest in any farm- or commercial fishing-related property?  Go to Part 7.	
	Yes.	. Go to line 47.	
			Current value of the portion you own? Do not deduct secured claims or exemptions.
47.		inimals o/les: Livestock, poultry, farm-raised fish	
	No		
	☐ Yes		
	Crops- ] No	either growing or harvested	
	Yes.	Give specific information	
		Braswell Eggs Payment	\$4,200.00
•	■ Yes	Generator, four (4) nest and table systems, drill, two (2) feed systems	\$20,000.00
	■ No □ Yes	and fishing supplies, chemicals, and feed	
	No	rm- and commercial fishing-related property you did not already list  Give specific information	
52.		the dollar value of all of your entries from Part 6, including any entries for pages you have attached art 6. Write that number here	\$24,200.00
Part	7:	Describe All Property You Own or Have an Interest in That You Did Not List Above	
_	Examp	I have other property of any kind you did not already list?  bles: Season tickets, country club membership	
_	■ No □ Yes.	Give specific information	
54.	Add t	the dollar value of all of your entries from Part 7. Write that number here	\$0.00

### Case 19-10093 Doc 3 Filed 01/29/19 Page 10 of 48

Debtor 2				Case number (if known)	19-10093	
Part 8:	List the Totals of Each Part of this Form					
55. <b>Pa</b>	rt 1: Total real estate, line 2					\$104,060.00
56. <b>Pa</b>	rt 2: Total vehicles, line 5		\$3,000.00			
57. <b>Pa</b>	rt 3: Total personal and household items, line 15		\$4,105.00			
58. <b>Pa</b>	rt 4: Total financial assets, line 36		\$13,373.58			
59. <b>Pa</b>	rt 5: Total business-related property, line 45		\$615.00			
60. <b>Pa</b>	rt 6: Total farm- and fishing-related property, line 52		\$24,200.00			
61. <b>Pa</b>	rt 7: Total other property not listed, line 54	+	\$0.00			
62. <b>To</b>	tal personal property. Add lines 56 through 61	_	\$45,293.58	Copy personal property to	otal	\$45,293.58
63. <b>To</b>	tal of all property on Schedule A/B. Add line 55 + line 62				\$	5149,353.58

# Exhibit 1 - Furnishings and Household Goods 2538 Tip Top Road, Denton, NC 27239

- Living Room	
<ul> <li>Sleeper Sofa</li> </ul>	\$75
<ul> <li>Storage ottoman</li> </ul>	\$25
o 20x20 area rug	\$100
<ul> <li>Clock/weather station</li> </ul>	\$20
- Kitchen	
<ul> <li>Farm House Dining Table 7ftx4ft with 8 ch</li> </ul>	
<ul> <li>Stainless Steel Kitchen/Baker's Racks</li> </ul>	\$50
<ul><li>Instant Pot</li></ul>	\$50
<ul> <li>Bunn Coffee Station</li> </ul>	\$40
<ul> <li>Various Pots, Pans, Utensils</li> </ul>	\$100
<ul> <li>Panasonic Microwave</li> </ul>	\$50
<ul> <li>Frigidaire Commercial Upright Freezer</li> </ul>	\$100.
- Upstairs Bedroom	
o Two (2) Twin Beds	\$350
o Pine dresser	\$50
- Downstairs Bedroom	
<ul> <li>Queen Bed</li> </ul>	\$75
o Dresser	\$50
<ul> <li>Jewelry Armoire</li> </ul>	\$10
- Bathroom	
<ul> <li>Washer/Dryer Set</li> </ul>	\$100
- Miscellaneous	
o Toys	\$300
<b>Total Furnishings and Household Goods</b>	<b>\$1,645</b>

# Exhibit 2 – Electronics 2538 Tip Top Road, Denton, NC 27239

- 55-inch Hitachi TV	\$50
- 36-inch Sony TV	\$50
- Xbox 360	\$50
- Epson All in One Printer	\$50
- Four (4) Samsung Tablets	\$200
- Atari	\$20
- Sega	\$20
- Nintendo Wii	\$20
Total Electronics (non-fixtures)	\$460

# Exhibit 3 – Sports and Hobby Equipment 2538 Tip Top Road, Denton, NC 27239

<b>Total Sports and Hobby Equipment</b>	<u>\$475</u>
- Banjo	\$100
- Piano	\$75
- Guitar	\$50
<ul> <li>Various tackle</li> </ul>	\$70
- 10 Fishing Rod/Reels	\$180

# Exhibit 4 – Firearms 2538 Tip Top Road, Denton, NC 27239

Total	Firearms	<u>\$750</u>
-	Various Ammunition	\$200
-	Various BB/Airsoft	\$100
-	Youth Rossi 22L/410 SS	\$50
-	Marlin Glennfield 25 Bolt 22L	\$100
-	Marlin Model 60 Auto 22L	\$100
-	Remington 1100 Auto 20g	\$150
-	KelTec P32	\$50

# Exhibit 5 – Tools of the Trade 2538 Tip Top Road, Denton, NC 27239

Total	<b>Tools of the Trade</b>	<u>\$615</u>
-	Various Hand Tools	\$150
-	Bosch Reciprocating Saw	\$50
-	Bosch Rotary Saw	\$40
-	Five (5) Drills (Dewalt Bosch)	\$100
-	Wrench Set of Gear Wrench SAE/MM	\$50
-	Socket Set (Metrench)	\$75
-	Pasload Nail Gun	\$150

91C (09/13)

# UNITED STATES BANKRUPTCY COURT MIDDLE DISTRICT OF NORTH CAROLINA

In the Matter of: Jason Charles Coleman Courtney Nicole Coleman		)	Case No.	19-10093		
	Debtor.	) ) )	DEBTOR'S	CLAIM FOR P	ROPERTY EXEM	IPTIONS
I, <u>Jason Charles Coleman</u> , the und 522(b)(3)(A), (B), and (C), the Laws o						U.S.C. §
☐ Check if the debtor cl debtor or a dependent of			erest that exc	ceeds \$125,000	in value in prop	erty that the
1. REAL OR PERSONAL PROBURIAL PLOT. (NCGS 1C-Select appropriate exemption  Total net value not to owned by debtor as t deceased.)	-1601(a)(1)). amount below: 0 exceed \$35,000. 0 exceed \$60,000. (	Debtor is unm	arried, 65 yea	ars of age or ol	der, property was	s previously
Description of Property & Address -NONE-	Market Value	Mtg. Holder Holder(s)	or Lien		Amt. Mtg. or Lien	Net Value
(This amou	Exemption portion of exemption, if any, may be continged in any property	carried forward	and used to		:	0.00 0.00 5,000.00
2. <b>TENANCY BY THE ENTIL</b> the laws of the State of North						522(b)(3)(B) and
Description of Property & Address -NONE-	Market Value	Mtg. Holder Holder(s)	or Lien		Amt. Mtg. or Lien	Net Value
3. <b>MOTOR VEHICLE.</b> (NCGS exempt not to exceed \$3,500.)		Only one vehicl	e allowed un	der this paragr	aph with net valu	e claimed as
Year, Make, Model of Auto 2000 Ford F250 286,043 miles	Market Value 2,000.00	Lien Holder Basic Financ			Amt. Lien 4,635.82	Net Value 0.00
<ul><li>(a) Statutory allowance</li><li>(b) Amount from 1 (b) above to be us</li><li>(A part or all of 1 (b) may be used</li></ul>	1 0 1	h.	\$ \$	3,500		
		et Exemption	\$			
4. <b>TOOLS OF TRADE, IMPL</b> debtor's dependent. Total net					501(a)(5). Used b	by debtor or
Description	Market Value	Lien Holder	(s)		Amt. Lien	Net Value

#### Case 19-10093 Doc 3 Filed 01/29/19 Page 17 of 48

91C	(09/13)

Description	Market Value Lien Holder	(s)		Amt. Lien	Net Value
Tools of the Trade - see Exhibit 5	615.00				615.00
(a) Statutory allowance		\$	2,000		
(b) Amount from 1 (b) above to be used in (A part or all of 1 (b) may be used as no		\$			
	Total Net Exemption	\$	615.00		

5. **PERSONAL PROPERTY USED FOR HOUSEHOLD OR PERSONAL PURPOSES NEEDED BY DEBTOR OR DEBTOR'S DEPENDENTS.** (NCGS 1C-1601(a)(4). Debtor's aggregate interest, not to exceed \$5,000 in value for the debtor plus \$1,000 for each dependent of the debtor, not to exceed \$4,000 total for dependents.)

<u>.</u>	•			
Description	Market	Lion Holdon(a)	Amt I ion	Net
Description	Value	Lien Holder(s)	Amt. Lien	Value
Electronics - see Exhibit 2	460.00			460.00
Family's clothing	750.00			750.00
Firearms - see Exhibit 4	750.00			750.00
Furnishings and Household Goods - see Exhibit A	1,645.00			1,645.00
Mixed assortment of silver and gold rings, necklaces, earrings, watch, etc.	300.00			300.00
Sports and Hobby Equipment - see attached Exhibit 3	200.00			200.00
			Total Net Value	4,105.00
(a) Statutory allowance for debtor		\$	5,000	
<ul><li>(b) Statutory allowance for debtor's \$1,000 each (not to exceed \$4,000 to</li><li>(c) Amount from 1(b) above to be u</li><li>(A part or all of 1 (b) may be us</li></ul>	otal for dependents) sed in this paragraph		4,000.00	
			Total Net Exemption	4,105.00
6. <b>LIFE INSURANCE.</b> (As p	rovided in Article X	, Section 5 of North Card	olina Constitution.)	
Name of Insurance Company	y\Policy No.\Name o	of Insured\Policy Date\N	ame of Beneficiary	

7. **PROFESSIONALLY PRESCRIBED HEALTH AIDS (FOR DEBTOR OR DEBTOR'S DEPENDENTS).** (NCGS 1C-1601(a)(7). No limit on value or number of items.)

Description: -NONE-

8. **DEBTOR'S RIGHT TO RECEIVE FOLLOWING COMPENSATION:** (NCGS 1C-1601(a)(8). No limit on number or amount.)

- A. \$ \_\_\_\_\_ Compensation for personal injury to debtor or to person whom debtor was dependent for support.
- B. \$ -NONE- Compensation for death of person of whom debtor was dependent for support.

  C. \$ -NONE- Compensation from private disability policies or annuities.

TREATED IN THE SAME MANNER AS AN INDIVIDUAL RETIREMENT PLAN UNDER THE INTERNAL
REVENUE CODE. (NCGS 1C-1601(a)(9). No limit on number or amount.) AND OTHER RETIREMENT FUNDS
<b>DEFINED IN 11 U.S.C. § 522(b)(3)(c).</b>

Detailed Description	Value
-NONE-	

91C (09/13)

10. COLLEGE SAVINGS PLANS QUALIFIED UNDER SECTION 529 OF THE INTERNAL REVEN (NCGS 1C-1601(a)(10). Total net value not to exceed \$25,000 and may not include any funds placed in a plan within the preceding 12 months not in the ordinary course of the debtor's financial affairs. This exem to the extent that the funds are for a child of the debtor and will actually be used for the child's college or unexpenses.)					
	Detailed Description -NONE-				Value
11.	UNITS OF OTHER STAT	TES, TO THE EXT	REMENT PLAN OF OTHER STA ENT THOSE BENEFITS ARE EX I. (NCGS 1C-1601(a)(11). No limit of	EMPT UNDER T	
	Description: -NONE-				
12.			NTENANCE AND CHILD SUPPO mably necessary for the support of De		
	Description: -NONE-				
13.	HAS NOT PREVIOUSLY	BEEN CLAIMED	<b>ERTY WHICH DEBTOR DESIRI ABOVE.</b> (NCGS 1C-1601(a)(2). To which has not been used for other expressions of the second s	he amount claimed	
Desci	ription	Market Value	Lien Holder(s)	Amt. Lien	Net Value
	GMC Yukon 335,287	1,000.00	One Main Financial	2,784.25	0.00
Chec Cred	king Account: Members it Union - 1586	905.58			905.58
Resc Purcl	sit: Deposit for inded Mobile Home hase with Heritage ing of Asheboro	10,000.00			10,000.00
(a) To	otal Net Value of property clain	ned in paragraph 13.		\$	11,105.58
	otal amount available from paraess amounts from paragraph 1(	b) which were used i Paragraph 3(b) Paragraph 4(b)	\$ \$	\$	5,000.00
		Paragraph 5(c) Net Ba	\$lance Available from paragraph 1(b) Total Net Exemption	\$ \$	5,000.00
14.	OTHER EXEMPTIONS	CLAIMED UNDER	THE LAWS OF THE STATE OF	NORTH CAROL	LINA:
	NONE- TOTAL VALUE OF PROPER	ГҮ CLAIMED AS E	XEMPT		0.00
15.	EXEMPTIONS CLAIME	D UNDER NON-BA	ANKRUPTCY FEDERAL LAW:		
	NONE- FOTAL VALUE OF PROPER	ГҮ CLAIMED AS E	XEMPT	-	0.00

#### 16. RECENT PURCHASES

The exemptions provided in NCGS 1C-1601(a)(2), (3), (4), and (5) are inapplicable with respect to tangible personal property purchased by the debtor less than 90 days preceding the initiation of judgment collection proceedings or the filing of a petition for Software Copyright (c) 1996-2018Best Case, LLC - www.bestcase.com

Best Case Bankruptcy

### Case 19-10093 Doc 3 Filed 01/29/19 Page 19 of 48

91C (09/13)

bankruptcy, unless the purchase of the property is directly traceable to the liquidation or conversion of property that may be exempt and no additional property was transferred into or used to acquire the replacement property.

List tangible personal property purchased by the debtor less than 90 days preceding the filing of the bankruptcy petition:

Description -NONE-	Market Value	Lien Holder(s)	Amt. Lien	Net Value
DATE <b>January 29, 2019</b>		/s/ Jason Charles C	oleman	
		<b>Jason Charles Cole</b>	man	
		Debtor		

91C (09/13)

# UNITED STATES BANKRUPTCY COURT MIDDLE DISTRICT OF NORTH CAROLINA

In the Matter of: Jason Charles Coleman Courtney Nicole Coleman	Debtor.	) Case No. ) DEBTOR'S (	19-10093  CLAIM FOR PROPERTY EXEM	IPTIONS
DE	BTOR'S CLAIM	FOR PROPERTY E	XEMPTIONS	
I, <u>Courtney Nicole Coleman</u> , the 522(b)(3)(A), (B), and (C), the Law	undersigned debtor, he	ereby claim the following pr	roperty as exempt pursuant to 1	1 U.S.C. §
	r claims as exempt any of the debtor uses as a		eeds \$125,000 in value in prope	erty that the
BURIAL PLOT. (NCGS Select appropriate exempti  ■ Total net value no □ Total net value no	1C-1601(a)(1)). ion amount below: ot to exceed \$35,000. ot to exceed \$60,000. (1)	Debtor is unmarried, 65 yea	R'S DEPENDENT AS RESID  ars of age or older, property was ts of survivorship, and former c	s previously
Description of Property & Address -NONE-	Market Value	Mtg. Holder or Lien Holder(s)	Amt. Mtg. or Lien	Net Value
Total N (b) Unu (This ar an exen	nount, if any, may be c	on, not to exceed \$5,000. carried forward and used to owned by the debtor. (NCG		0.00
		ing property is claimed as e to property held as tenants	xempt pursuant to 11 U.S.C. § 5 by the entirety.	522(b)(3)(B) and
Description of Property & Address -NONE-	Market Value	Mtg. Holder or Lien Holder(s)	Amt. Mtg. or Lien	Net Value
3. <b>MOTOR VEHICLE.</b> (NO exempt not to exceed \$3,50		only one vehicle allowed un	der this paragraph with net valu	e claimed as
Year, Make Model of Auto -NONE-	Market Value	Lien Holder(s)	Amt. Lien	Net Value
<ul><li>(a) Statutory allowance</li><li>(b) Amount from 1(b) above to be (A part or all of 1(b) may be u</li></ul>			3,500	
	Total No	et Exemption \$	0.00	
4. TOOLS OF TRADE, IM	PLEMENTS, OR PR	OFESSIONAL BOOKS.	(NCGS 1C-1601(a)(5). Used b	y debtor or

debtor's dependent. Total net value of all items claimed as exempt not to exceed \$2,000.)

### Case 19-10093 Doc 3 Filed 01/29/19 Page 21 of 48

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Descri	_	Market Value	Lien Holder(s)	Amt. Lien	Net Value
(b) An	ntutory allowance nount from 1(b) above to be use part or all of 1(b) may be used		\$ \$	2,000	
		Total N	et Exemption \$	0.00	
5.		. (NCGS 1C-1601)	a)(4). Debtor's aggregate i	PURPOSES NEEDED BY DI nterest, not to exceed \$5,000 in votal for dependents.)	
Descri of Pro Brasw		Market Value 4,200.00	Lien Holder(s)	Amt. Lien	Net Value 4,200.00
				Total Net Value	4,200.00
	atutory allowance for debtor		\$	5,000	
\$1,000 (c) An	atutory allowance for debtor's de each (not to exceed \$4,000 total nount from 1(b) above to be used part or all of 1(b) may be used	al for dependents) ed in this paragraph		4,000.00	
				Total Net Exemption	4,200.00
6.	LIFE INSURANCE. (As pro	vided in Article X,	Section 5 of North Carolin	a Constitution.)	
	Name of Insurance Company\ -NONE-	Policy No.\Name o	f Insured\Policy Date\Nam	e of Beneficiary	
7.	<b>PROFESSIONALLY PRES</b> 1C-1601(a)(7). No limit on ve			OR DEBTOR'S DEPENDENT	TS). (NCGS
	Description: -NONE-				
8.	<b>DEBTOR'S RIGHT TO RE</b> amount.)	CEIVE FOLLOV	VING COMPENSATION	: (NCGS 1C-1601(a)(8). No lim	it on number or
	B. \$ Com	pensation for death		erson whom debtor was depende was dependent for support. nnuities.	nt for support.
9.	TREATED IN THE SAME	MANNER AS AN 1C-1601(a)(9). No	INDIVIDUAL RETIRE	NAL REVENUE CODE AND A MENT PLAN UNDER THE IN at.) AND OTHER RETIREME	TERNAL
	Detailed Description -NONE-			Val	lue
10.	(NCGS 1C-1601(a)(10). Total plan within the preceding 12 r	al net value not to e months not in the o	xceed \$25,000 and may no rdinary course of the debtor	F THE INTERNAL REVENU t include any funds placed in a co 's financial affairs. This exempt used for the child's college or uni	ollege saving ion applies only
	Detailed Description -NONE-			Val	lue

0.10	(00/12	١
910	(09/13)	l

11.	RETIREMENT BENEFITS UNDER A RETIREMENT PLAN OF OTHER STATE AND GOVERNMENTAL UNITS OF OTHER STATES, TO THE EXTENT THOSE BENEFITS ARE EXEMPT UNDER THE LAWS OF THAT STATE OR GOVERNMENTAL UNIT. (NCGS 1C-1601(a)(11). No limit on amount.)							
	Description: -NONE-							
12.			NTENANCE AND CHILD SUPPORT of Description of Descri					
	Description: Child Support: \$189 a m	onth (no payments in	1 year)					
13.	HAS NOT PREVIOUS	LY BEEN CLAIMED	<b>ERTY WHICH DEBTOR DESIR</b> <b>ABOVE.</b> (NCGS 1C-1601(a)(2). To) which has not been used for other experiences.	he amount claimed				
Doco	ription	Market	Lien Holder(s)	Amt. Lien	Net			
Depo	osit: Deposit for	Value	Lieu Holder (s)	Amt. Lien	Value			
Purc	inded Mobile Home hase with Heritage sing of Asheboro	10,000.00			10,000.00			
(a) To	otal Net Value of property c	aimed in paragraph 13.		\$	10,000.00			
	otal amount available from pess amounts from paragraph	1(b) which were used i		\$	5,000.00			
		Paragraph 3(b) Paragraph 4(b)	\$ 					
		Paragraph 5(c) Net Bal	\$ ance Available from paragraph 1(b) Total Net Exemption	\$ \$	5,000.00			
14.	OTHER EXEMPTION	S CLAIMED UNDER	THE LAWS OF THE STATE OF	NORTH CAROL	LINA:			
	NONE- FOTAL VALUE OF PROPE	ERTY CLAIMED AS E	XEMPT		0.00			
15.	EXEMPTIONS CLAIM	IED UNDER NON-BA	ANKRUPTCY FEDERAL LAW:					
	NONE-							
7	FOTAL VALUE OF PROPE	ERTY CLAIMED AS E	XEMPT	\$_	0.00			
16. <b>R</b> l	ECENT PURCHASES							
purch: bankr	ased by the debtor less than uptcy, unless the purchase of	90 days preceding the inf the property is directly	e), and (5) are inapplicable with respectitiation of judgment collection process traceable to the liquidation or convergence acquire the replacement property.	eedings or the filing	g of a petition for			
List ta	angible personal property pu	rchased by the debtor le	ess than 90 days preceding the filing of	of the bankruptcy p	etition:			
Desc	ription NE-	Market Value	Lien Holder(s)	Amt. Lien	Net Value			
DAT	E January 29, 2019		/s/ Courtney Nicole Colem	nan				
			Courtney Nicole Coleman Joint Debtor					

#### Case 19-10093 Doc 3 Filed 01/29/19 Page 23 of 48

Fill in this information	to identify your	case:						
Debtor 1 Jas	on Charles C	oleman						
	Name	Middle Name Last Name						
Debtor 2 Cou	urtney Nicole	Coleman						
	Name	Middle Name Last Name						
United States Bankruptc	y Court for the:	MIDDLE DISTRICT OF NORTH CAROLIN	A					
Case number 19-100	93							
(if known)				☐ Check	if this is an			
				amend	led filing			
041.1=								
Official Form 106	<u>5D</u>							
Schedule D: C	reditors	Who Have Claims Secure	ed by Property	/	12/15			
		two married people are filing together, both are ut, number the entries, and attach it to this form.						
1. Do any creditors have cl	aims secured by	your property?						
	•	is form to the court with your other schedules.	You have nothing else to	report on this form				
Yes. Fill in all of the		•						
		elow.						
Part 1: List All Secu	red Claims		. Column A	Column B	Column C			
for each claim. If more than	one creditor has	ore than one secured claim, list the creditor separate a particular claim, list the other creditors in Part 2. As al order according to the creditor's name.	ely	Value of collateral that supports this claim	Unsecured portion			
2.1 Basic Finance I	nc.	Describe the property that secures the claim:	\$4,635.82	\$2,000.00	\$2,635.82			
Creditor's Name		2000 Ford F250 286,043 miles						
		·						
c/o Gary Hays	l	As of the date you file, the claim is: Check all that						
262 E. Main St.		apply.						
Elkin, NC 28621		Contingent						
Number, Street, City, State & Zip Code		Unliquidated						
Who owes the debt? Che	ack one	☐ Disputed  Nature of lien. Check all that apply.						
Debtor 1 only	eck one.	_						
Debtor 2 only		<ul> <li>An agreement you made (such as mortgage or s car loan)</li> </ul>	secured					
■ Debtor 1 and Debtor 2 o	inly	☐ Statutory lien (such as tax lien, mechanic's lien)						
At least one of the debto	•	☐ Judgment lien from a lawsuit						
☐ Check if this claim rela		☐ Other (including a right to offset)						
community debt								
	April 28,	Last 4 digits of account number 6323	<b>.</b>					
Date debt was incurred	2017	Last 4 digits of account number 6323	<u></u>					
2.2 Hog Slat, Inc.		Describe the property that secures the claim:	\$5,320.80	\$104,060.00	\$5,320.80			
Creditor's Name		1706 Ross Wood Road Trinity, NC						
		27370 Randolph County PIN No.: 6792301482						
		Tax Appraised Value, including land						
P.O. Box 300		and misc. improvements to land						
Newton Grove,	NC	As of the date you file, the claim is: Check all that						
28366-0300		apply.  ☐ Contingent						
Number, Street, City, Sta	te & Zip Code	☐ Unliquidated						
•		☐ Disputed						
Who owes the debt? Che	eck one.	Nature of lien. Check all that apply.						
Debtor 1 only		$\square$ An agreement you made (such as mortgage or s	secured					
Debtor 2 only		car loan)						
■ Debtor 1 and Debtor 2 o		☐ Statutory lien (such as tax lien, mechanic's lien)						
☐ At least one of the debto	ors and another	■ Judgment lien from a lawsuit						

Official Form 106D

#### Case 19-10093 Doc 3 Filed 01/29/19 Page 24 of 48

Debtor 1 Jason Charles Coleman	1	Case number (if know)	19-10093	
First Name Middle N	lame Last Name			
Debtor 2 Courtney Nicole Colem				
First Name Middle N	lame Last Name			
☐ Check if this claim relates to a community debt	Other (including a right to offset)			
Date debt was incurred 2, 2015	Last 4 digits of account number 0667			
Kenneth Dale Briles		\$275,638.97	\$104,060.00	\$171,578.97
Creditor's Name	Describe the property that secures the claim:	Ψ213,030.31	Ψ104,000.00	Ψ171,370.37
Gredici 3 Name	1706 Ross Wood Road Trinity, NC 27370 Randolph County PIN No.: 6792301482 Tax Appraised Value, including land and misc. improvements to land As of the date you file, the claim is: Check all that			
1782 Ross Wood Road Trinity, NC 27370	apply.  Contingent			
Number, Street, City, State & Zip Code	Unliquidated			
Who owes the debt? Check one.	☐ Disputed  Nature of lien. Check all that apply.			
Debtor 1 only	An agreement you made (such as mortgage or se	ecured		
☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	car loan)  ☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset)  Deed of To	rust		
July 28,				
Date debt was incurred 2014	Last 4 digits of account number			
2.4 One Main Financial	Describe the property that secures the claim:	\$2,784.25	\$1,000.00	\$1,784.25
Creditor's Name	2001 GMC Yukon 335,287 miles	<u> </u>	<u> </u>	
PO Box 1010 Evansville, IN 47706	As of the date you file, the claim is: Check all that apply.  Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated ☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
☐ Debtor 1 only ☐ Debtor 2 only	An agreement you made (such as mortgage or secar loan)	ecured		
■ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset)			
Date debt was incurred 2016	Last 4 digits of account number 5716			
2.5 Paul Clark Powers	Describe the property that secures the claim:	\$10,000.00	\$104,060.00	\$10,000.00
Creditor's Name	1706 Ross Wood Road Trinity, NC			_
	27370 Randolph County			
	PIN No.: 6792301482 Tax Appraised Value, including land			
	and misc. improvements to land			
857 Moore Rd.	As of the date you file, the claim is: Check all that			
Asheboro, NC 27205	apply. □ Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

#### Case 19-10093 Doc 3 Filed 01/29/19 Page 25 of 48

Debtor 1 Jason Charles Coleman					Case num	ber (if know)	19-10093
	First Name	Middle Na	ame	Last Name			
Debtor 2	Courtney I	Nicole Colema	an				
	First Name	Middle N	ame	Last Name			
Who owes	s the debt? C	heck one.	☐ Disputed  Nature of lien. Che	eck all that apply.			
Debtor	•		An agreement yo car loan)	ou made (such as mo	ortgage or secured		
Debtor	1 and Debtor 2	only	☐ Statutory lien (su	ch as tax lien, mech	anic's lien)		
☐ At least	one of the deb	tors and another	Judgment lien fro	om a lawsuit			
	if this claim re unity debt	lates to a	☐ Other (including	a right to offset)			
Date debt	was incurred	September 2017	Last 4 digits	of account numbe	r	_	
		•	olumn A on this page		er here:	\$298,379.8	34
	the last page of the contract that the contract the contr	•	the dollar value total	s from all pages.		\$298,379.8	34

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

#### Case 19-10093 Doc 3 Filed 01/29/19 Page 26 of 48

Fill in this	information to identify your cas	e:						
Debtor 1	Jason Charles Coler	nan						
	First Name	Middle Name	Last Nam	е				
Debtor 2 (Spouse if, filing	Courtney Nicole Col	eman Middle Name	Last Nam	е				
	<i>5,</i>							
United State	es Bankruptcy Court for the: M	IDDLE DISTRICT OF	NORTH CAROL	INA				
Case numb	per 19-10093							
(if known)						_	heck if this i	
						aı	mended filin	g
Official F	Form 106E/F							
	le E/F: Creditors Who	Have Unsecu	red Claim	s			12	/15
Be as comple	ete and accurate as possible. Use Pa	art 1 for creditors with P	RIORITY claims a	nd Part 2 f			ms. List the o	other party to
	y contracts or unexpired leases that Executory Contracts and Unexpired							
Schedule D:	Creditors Who Have Claims Secured	l by Property. If more sp	ace is needed, co	py the Par	rt you need, fill it ou	t, number the ent	tries in the bo	oxes on the
	ne Continuation Page to this page. If se number (if known).	you nave no informatio	n to report in a P	art, do not	file that Part. On the	e top of any addit	ionai pages,	write your
Part 1:	ist All of Your PRIORITY Unsec	ured Claims						
1. Do any	creditors have priority unsecured cl	aims against you?						
□ No. 0	Go to Part 2.							
Yes.								
	of your priority unsecured claims. If							
,	what type of claim it is. If a claim has bo , list the claims in alphabetical order ac		,			, ,		
Part 1. If	more than one creditor holds a particular	lar claim, list the other cre	editors in Part 3.					
(For an e	explanation of each type of claim, see t	he instructions for this for	m in the instructior	booklet.)	Total claim	Priority	Nonpr	riority
					Total olalli	amount	amou	•
	ndolph County Tax Departm	ent Last 4 digits of	account number	0000	\$514.1	8 \$51	4.18	\$0.00
	ority Creditor's Name  5 McDowell Road	When was the	debt incurred?	Septen	nber 1, 2018			
As	heboro, NC 27205							
	mber Street City State Zlp Code		you file, the claim	is: Check	all that apply			
	ncurred the debt? Check one.	☐ Contingent						
_	otor 1 only	☐ Unliquidated	I					
<b>□</b> Deb	otor 2 only	☐ Disputed						
Deb	otor 1 and Debtor 2 only	Type of PRIOR	ITY unsecured cl	aim:				
☐ At le	east one of the debtors and another	☐ Domestic su	pport obligations					
☐ Che	eck if this claim is for a community	debt Taxes and c	ertain other debts	you owe the	e government			
	claim subject to offset?	☐ Claims for de	eath or personal in	jury while y	ou were intoxicated			
■ No		Other. Speci	ify					
☐ Yes	3							
Part 2:	ist All of Your NONPRIORITY U	nsecured Claims						
3. Do any	creditors have nonpriority unsecure	d claims against you?						
□ No. Y	ou have nothing to report in this part.	Submit this form to the co	urt with vour other	schedules.				
	3		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Yes.								
unsecure	of your nonpriority unsecured claims ed claim, list the creditor separately for e creditor holds a particular claim, list the	each claim. For each clai	m listed, identify w	hat type of	claim it is. Do not list	claims already inc	luded in Part 1	1. If more

Total claim

### Case 19-10093 Doc 3 Filed 01/29/19 Page 27 of 48

	1 Jason Charles Coleman 2 Courtney Nicole Coleman		Case number (if know)	19-10093	
4.1	Anderson Poultry Equipment	Last 4 digits of account number			\$3,137.99
	Nonpriority Creditor's Name 1139 Cody Trail P.O. Box 438 Dobson, NC 27017	When was the debt incurred?	2018		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply		
	■ Debtor 1 only □ Debtor 2 only	☐ Contingent☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed  Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce	that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar de	ebts	
	Yes	Other. Specify Poultry equ	ipment		
4.2	Capital One	Last 4 digits of account number	5109		\$1,836.59
	Nonpriority Creditor's Name 10700 Capital One Way Richmond, VA 23060	When was the debt incurred?	September 19, 2013	3	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply		
	☐ Debtor 1 only	☐ Contingent			
	■ Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed  Type of NONPRIORITY unsecure	d claim:		
	At least one of the debtors and another	Student loans	d Ciaiiii.		
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims			
	■ No	Debts to pension or profit-sharir			
	☐ Yes	Other Specify Credit card	• •		
4.3	Capital One	Last 4 digits of account number	9104		\$1,253.43
	Nonpriority Creditor's Name 10700 Capital One Way Richmond, VA 23060	When was the debt incurred?	October 18, 2014		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply		
	☐ Debtor 1 only ☐ Contingent				
	■ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only ☐ Disputed				
	☐ At least one of the debtors and another Type of NONPRIORITY to		d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt ☐ Obligations arising out of a report as priority claims				
	■ No	Debts to pension or profit-sharing	g plans, and other similar de	ebts	
	Yes	Other. Specify Credit card	purchases		

### Case 19-10093 Doc 3 Filed 01/29/19 Page 28 of 48

Debto Debto	r 1 Jason Charles Coleman r 2 Courtney Nicole Coleman		Case number (if know)	19-10093	
4.4	Capital One	Last 4 digits of account number	6114		\$451.29
	Nonpriority Creditor's Name 10700 Capital One Way Richmond, VA 23060	When was the debt incurred?	August 31, 2016		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply		
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	Disputed			
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa	ration agreement or divorce t	that you did not	
	Is the claim subject to offset?	report as priority claims			
	■ No	Debts to pension or profit-sharin	• •	ots	
	Yes	Other. Specify Credit card	purchases		
4.5	Carolina West Wireless Nonpriority Creditor's Name	Last 4 digits of account number	5923		\$687.00
	Online Information Service P.O. Box 1489 Winterville, NC 28590	When was the debt incurred?			
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply		
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims			
	■ No	Debts to pension or profit-sharin	g plans, and other similar del	bts	
	Yes	■ Other. Specify Cell phone	services		
4.6	Interstate Credit Collect Nonpriority Creditor's Name	Last 4 digits of account number			\$1,232.00
	711 Coliseum Plaza Ct. Winston Salem, NC 27106	When was the debt incurred?	September 16, 2014	<u> </u>	
	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply		
	Who incurred the debt? Check one.				
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community debt	<ul><li>☐ Student loans</li><li>☐ Obligations arising out of a sepa</li></ul>	ration agreement or divorce t	that you did not	
	Is the claim subject to offset?	report as priority claims			
	No	☐ Debts to pension or profit-sharin		ots	
	☐ Yes	Other. Specify Medical bill	s		

### Case 19-10093 Doc 3 Filed 01/29/19 Page 29 of 48

ebtor 1 Jason Charles Coleman  Courtney Nicole Coleman	Case number (if know) 19-10093	
Interstate Credit Collect	Last 4 digits of account number	\$1,140.00
Nonpriority Creditor's Name 711 Coliseum Plaza Ct. Winston Salem, NC 27106	When was the debt incurred? February 25, 2016	
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	_	
☐ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	Disputed	
$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
No	lacksquare Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other. Specify Medical bills	
John Deere Financial	Last 4 digits of account number 1680	\$2,131.30
Nonpriority Creditor's Name Attention: Marketing Services	When was the debt incurred? September 11, 2014	
6400 NW 86th Street P.O. Box 6600		
Johnston, IA 50131-6600  Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	As of the date you me, the dam is. Oneok an that apply	
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
■ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify Repossessed Mower	
Kohls Department Store	Last 4 digits of account number	\$542.03
Nonpriority Creditor's Name P.O. Box 3115	When was the debt incurred? November 7, 2013	***
Milwaukee, WI 53201		
Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only		
<u> </u>	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed  Type of NONPRIORITY unsecured claim:	
At least one of the debtors and another	Student loans	
☐ Check if this claim is for a community debt  Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
No	☐ Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes		
⊔ Yes	■ Other. Specify Credit card purchases	

### Case 19-10093 Doc 3 Filed 01/29/19 Page 30 of 48

Debtor Debtor	1 Jason Charles Coleman 2 Courtney Nicole Coleman	Case number (if know) 19-10093	
4.1 0	Mariner Finance	Last 4 digits of account number	\$1,181.00
	Nonpriority Creditor's Name 8211 Town Center Drive Nottingham, MD 21236	When was the debt incurred? October 14, 2015	
	Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify Loan	
4.1	Novant Health   Forsyth Medical	Last 4 digits of account number 9824	\$6,014.17
	Nonpriority Creditor's Name 3333 Silas Creek Parkway Winston Salem, NC 27103	When was the debt incurred? 2017	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Medical	
4.1	One Main Financial	Last 4 digits of account number	\$4,647.00
	Nonpriority Creditor's Name P.O. Box 1010 Evansville, IN 47706	When was the debt incurred? January 29, 2016	
	Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	□ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify Loan	

### Case 19-10093 Doc 3 Filed 01/29/19 Page 31 of 48

Debto	or 1 Jason Charles Coleman or 2 Courtney Nicole Coleman	Case number (if know) 19-10093	
4.1	Red Truck Supply	Last 4 digits of account number	\$5,752.63
	Nonpriority Creditor's Name 4675 U.S. Hwy 64 Building #1 P.O. Box 417	When was the debt incurred?  July 2018	
	Franklinville, NC 27248  Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	$\hfill \square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify Poultry equipment	-
4.1	Republic Services	Last 4 digits of account number 5984	\$651.50
	Nonpriority Creditor's Name Coast to Coast Financial Services P.O. Box 2086 Thousand Oaks, CA 91358-2086	When was the debt incurred? 2018	-
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Dumpster service	-
4.1 5	SCA Collections Inc Nonpriority Creditor's Name	Last 4 digits of account number	\$80.00
	300 E. Árlington Blvd. Suite 6-A	When was the debt incurred? January 6, 2016	-
	Greenville, NC 27858-5016  Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent	
	■ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	■ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims  ☐ Debts to pension or profit-sharing plans, and other similar debts	
	■ No		
	☐ Yes	■ Other. Specify Medical debt	_

Official Form 106 E/F

#### Case 19-10093 Doc 3 Filed 01/29/19 Page 32 of 48

	Courtney Nicole Coleman		Case number (if know)	19-10093	
4.1	SCA Collections Inc	Last 4 digits of account number			\$313.00
6	Nonpriority Creditor's Name 300 E. Arlington Blvd. Suite 6-A	When was the debt incurred?	May 14, 2018		4010100
	Greenville, NC 27858-5016  Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	Debtor 1 only	☐ Contingent			
	■ Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a sep report as priority claims	aration agreement or divorce th	at you did not	
	■ No	Debts to pension or profit-shari	ng plans, and other similar debt	S	
	☐ Yes	Other. Specify Medical de	ebt		
4.1	TD Bank USA/Target Credit	Last 4 digits of account number			\$608.58
	Nonpriority Creditor's Name P.O. Box 1470 Minneapolis, MN 55440	When was the debt incurred?	November 7, 2013		
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply		
	Who incurred the debt? Check one.				
	☐ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:		
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sep	aration agreement or divorce th	at you did not	
	Is the claim subject to offset?	report as priority claims	· ·	•	
	■ No	Debts to pension or profit-shari	ng plans, and other similar debt	3	
	Yes	Other. Specify Credit card	d purchases		
Part 3	List Others to Be Notified About a D	ebt That You Already Listed			
is try have	his page only if you have others to be notified ring to collect from you for a debt you owe to more than one creditor for any of the debts t ied for any debts in Parts 1 or 2, do not fill ou	someone else, list the original creditor i hat you listed in Parts 1 or 2, list the add	n Parts 1 or 2, then list the co	llection agency here. S	Similarly, if you
	and Address	On which entry in Part 1 or Part 2 did you	_		
	t Services Inc. Harry S. Truman Blvd.	<u> </u>	Part 1: Creditors with Priority		
	Charles, MO 63301-4047	•	Part 2: Creditors with Nonprio	rity Unsecured Claims	
		Last 4 digits of account number	9104		
	and Address	On which entry in Part 1 or Part 2 did you			
	ns Asset Group LLC Box 163614		Part 1: Creditors with Priority		
_	in, TX 78746	•	Part 2: Creditors with Nonprio	rity Unsecured Claims	
		Last 4 digits of account number			
	and Address	On which entry in Part 1 or Part 2 did you	_		
	it Control LLC Phantom Drive		Part 1: Creditors with Priority		
Suite		•	Part 2: Creditors with Nonprio	rity Unsecured Claims	
Haze	lwood, MO 63042	Look 4 digits of post	4400		
		Last 4 digits of account number	4488		
Name a	and Address	On which entry in Part 1 or Part 2 did you	u list the original creditor?		
Official F	Form 106 E/F Sch	edule E/F: Creditors Who Have Unsecur	ed Claims		Page 7 of

#### Case 19-10093 Doc 3 Filed 01/29/19 Page 33 of 48

Debtor 1 Jason Charles Coleman Courtney Nicole Coleman		Case number (if know)	19-10093
Financial Recovery Services P.O. Box 385908	Line <b>4.17</b> of ( <i>Check one</i> ):	Part 1: Creditors with Priority	
Minneapolis, MN 55438-5908		Part 2: Creditors with Nonpri	ority Unsecured Claims
,	Last 4 digits of account number	J728	
Name and Address	On which entry in Part 1 or Part 2 did		
Medical Revenue Service	Line 4.11 of (Check one):	Part 1: Creditors with Priority	/ Unsecured Claims
755 W. Nasa Boulevard Melbourne, FL 32901		Part 2: Creditors with Nonpri	ority Unsecured Claims
	Last 4 digits of account number	9824	
Name and Address	On which entry in Part 1 or Part 2 did		
Online Information Services P.O. Box 1489	Line 4.5 of (Check one):	Part 1: Creditors with Priority	
Winterville, NC 28590		Part 2: Creditors with Nonpri	ority Unsecured Claims
2000	Last 4 digits of account number		
Name and Address	On which entry in Part 1 or Part 2 did		
Portfolio Recovery Associates	Line 4.2 of (Check one):	☐ Part 1: Creditors with Priority	/ Unsecured Claims
P.O. Box 12914 Norfolk, VA 23541		Part 2: Creditors with Nonpri	ority Unsecured Claims
North, VX 20041	Last 4 digits of account number		
Name and Address	On which entry in Part 1 or Part 2 did	you list the original creditor?	
Portfolio Recovery Associates	Line 4.4 of (Check one):	☐ Part 1: Creditors with Priority	/ Unsecured Claims
4851 Cox Road Norfolk, VA 23541		Part 2: Creditors with Nonpri	ority Unsecured Claims
1401101K, VA 23341	Last 4 digits of account number		
Name and Address	On which entry in Part 1 or Part 2 did	you list the original creditor?	
Sunrise Credit Services	Line 4.12 of (Check one):	☐ Part 1: Creditors with Priority	/ Unsecured Claims
P.O. Box 9100 Farmingdale, NY 11735-9100		Part 2: Creditors with Nonpri	ority Unsecured Claims
1 ammy date, 141 11755-5100	Last 4 digits of account number	6147	

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 514.18
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 514.18
	01	On the Advance	01	Total Claim
	6f.	Student loans	6f.	\$ 0.00
Total claims				
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 31,659.51
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 31,659.51

#### Case 19-10093 Doc 3 Filed 01/29/19 Page 34 of 48

Fill in this infor	mation to identify your	case:		
Debtor 1	Jason Charles Co	oleman		
	First Name	Middle Name	Last Name	
Debtor 2	Courtney Nicole	Coleman		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	MIDDLE DISTRICT OF	NORTH CAROLINA	
Case number	19-10093			
(if known)				

#### Official Form 106G

#### **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - □ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

P	Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1	Braswell Egg Company, Inc. P.O. Box 669 105 E. Cross Street Nashville, NC 27856	Organic Cage Free Egg Production Agreement
2.2	US Department of Agriculture Natural Resources Conservation Service 530 West Innes Street Salisbury, NC 28144	Conservation Program Contract

Fill	in this information to identify your ca	ase:		
Deb	otor 1 Jason Charl	es Coleman		-
	otor 2 Courtney Nicuse, if filing)	cole Coleman		-
Uni	ted States Bankruptcy Court for the	: MIDDLE DISTRICT O	F NORTH CAROLINA	
	te number		-	Check if this is:  An amended filing
				☐ A supplement showing postpetition chapter 13 income as of the following date:
<u>O</u> 1	ficial Form 106I			MM / DD/ YYYY
Be a	olying correct information. If you use. If you are separated and you	sible. If two married peo are married and not filin r spouse is not filing wi	ng jointly, and your spouse is ith you, do not include inform	12/15 1 and Debtor 2), both are equally responsible for living with you, include information about your ation about your spouse. If more space is needed,
Be a	s complete and accurate as possolying correct information. If you use. If you are separated and you ch a separate sheet to this form.	sible. If two married peo are married and not filin r spouse is not filing wi	ng jointly, and your spouse is ith you, do not include inform	1 and Debtor 2), both are equally responsible for living with you, include information about your
Be a suppose attac	s complete and accurate as possolying correct information. If you use. If you are separated and you ch a separate sheet to this form. On the complete the complet	sible. If two married peo are married and not fili r spouse is not filing wi On the top of any additi	ng jointly, and your spouse is ith you, do not include inform onal pages, write your name a	1 and Debtor 2), both are equally responsible for living with you, include information about your ation about your spouse. If more space is needed, and case number (if known). Answer every question Debtor 2 or non-filing spouse
Be a suppose attac	s complete and accurate as possolying correct information. If you use. If you are separated and you ch a separate sheet to this form. (take to be	sible. If two married peo are married and not filin r spouse is not filing wi	ng jointly, and your spouse is ith you, do not include inform onal pages, write your name a	1 and Debtor 2), both are equally responsible for living with you, include information about your ation about your spouse. If more space is needed, and case number (if known). Answer every question
Be a suppose attac	s complete and accurate as possolying correct information. If you use, if you are separated and you ch a separate sheet to this form. It is Describe Employment Fill in your employment information.  If you have more than one job, attach a separate page with	sible. If two married peo are married and not fili r spouse is not filing wi On the top of any additi	ng jointly, and your spouse is ith you, do not include inform onal pages, write your name a Debtor 1	1 and Debtor 2), both are equally responsible for living with you, include information about your ation about your spouse. If more space is needed, and case number (if known). Answer every question Debtor 2 or non-filing spouse
Be a suppose attac	s complete and accurate as possolying correct information. If you use. If you are separated and you ch a separate sheet to this form. It is Describe Employment information.  If you have more than one job, attach a separate page with information about additional	sible. If two married peo are married and not filin r spouse is not filing wi On the top of any additi	ng jointly, and your spouse is ith you, do not include inform onal pages, write your name a Debtor 1  Employed  Not employed	and Debtor 2), both are equally responsible for living with you, include information about your ation about your spouse. If more space is needed, and case number (if known). Answer every question   ■ Debtor 2 or non-filing spouse  ■ Employed  □ Not employed
Be a suppose attac	s complete and accurate as possolying correct information. If you use. If you are separated and you ch a separate sheet to this form. It is Describe Employment  Fill in your employment information.  If you have more than one job, attach a separate page with information about additional employers.  Include part-time, seasonal, or	sible. If two married peo are married and not filin r spouse is not filing wi On the top of any additi Employment status	pebtor 1  Employed  Not employed  Contract Farmer	and Debtor 2), both are equally responsible for living with you, include information about your ation about your spouse. If more space is needed, and case number (if known). Answer every question   ■ Debtor 2 or non-filing spouse  ■ Employed  □ Not employed

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

3. Estimate and list monthly overtime pay.

4. Calculate gross Income. Add line 2 + line 3.

filing spouse	non-f			
4,250.00	\$	4,250.00	\$	2.
0.00	+\$	0.00	+\$_	3.
4,250.00	\$_	4,250.00	\$_	4.

For Debtor 1 For Debtor 2 or

btor 2	Courtney Nicole Coleman	_	Case r	number (if known)	19-1009	3
			For	Debtor 1		otor 2 or ng spouse
Co	py line 4 here	4.	\$	4,250.00	\$	4,250.00
Lis	t all payroll deductions:					
5a.		5a.	\$	0.00	\$	0.00
5b.	· · · · · · · · · · · · · · · · · · ·	5b.	\$_	0.00	\$	0.00
5c.	· · · · · · · · · · · · · · · · · · ·	5c.	\$	0.00	\$	0.00
5d.		5d.	\$-	0.00	\$	0.00
5e.	, ,	5e.	\$	0.00	\$	0.00
5f.	Domestic support obligations	5f.	\$	0.00	\$	0.00
5g.		5g.	\$	0.00	\$	0.00
5h.		5h.+	\$	0.00	+ \$	0.00
Ad	d the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	0.00	\$	0.00
Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	4,250.00	\$	4,250.00
	t all other income regularly received:  Net income from rental property and from operating a business, profession, or farm		·	.,		-,
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total					
	monthly net income.	8a.	\$	0.00	\$	0.00
8b.	•	8b.	\$	0.00	\$	0.00
8c.	regularly receive Include alimony, spousal support, child support, maintenance, divorce	nt	·		·	
	settlement, and property settlement.	8c.	\$	0.00	\$	0.00
8d.	F	8d.	\$	0.00	\$	0.00
8e.		8e.	\$	0.00	\$	0.00
8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	ce 8f.	\$	0.00	\$	0.00
8g.	Pension or retirement income	8g.	\$	0.00	\$	0.00
8h.		8h.+	\$	0.00	+ \$	0.00
Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$	0.00
	culate monthly income. Add line 7 + line 9.	10.   \$	4	1,250.00 + \$	4,250.	00 = \$ 8,500
Add	d the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	L				
Incl oth Do	Ite all other regular contributions to the expenses that you list in Schedur, lude contributions from an unmarried partner, members of your household, you er friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are no ecify:	ur depen		•	ed in <i>Sche</i>	<i>dule J.</i> 11. +\$ <b>0</b>
Wri	d the amount in the last column of line 10 to the amount in line 11. The rete that amount on the Summary of Schedules and Statistical Summary of Certillies				, if it	12. \$ <b>8,500</b>
						monthly incon
Do	you expect an increase or decrease within the year after you file this for	m?				•

Official Form 106I Schedule I: Your Income page 2

Fill in this infor	mation to identify y	our case:					
Debtor 1	Jason Char	es Colen	nan			ck if this is:	
Debtor 2	Courtney Ni	cole Cole	eman		_	An amended filing  A supplement show	ving postpetition chapter
(Spouse, if filing)		cole cole	siliali			13 expenses as of	
United States Ba	nkruptcy Court for the	: MIDDL	E DISTRICT OF NORTH (	CAROLINA	-	MM / DD / YYYY	
Case number (If known)	19-10093						
Official F	orm 106J						
Schedu	le J: Your	Exper	ises				12/1
Be as comple information. I	te and accurate a	s possible eded, atta	. If two married people ar ch another sheet to this	e filing together, both form. On the top of ar	are equality addition	ally responsible fo onal pages, write y	or supplying correct your name and case
	scribe Your Hous	ehold					
	oint case?						
	to line 2.		- ( - l l.   0				
	oes Debtor 2 live	in a separ	ate household?				
	No Yes. Debtor 2 mu	st file Offici	al Form 106J-2, <i>Expenses</i>	s for Separate Househo	ld of Deb	tor 2.	
2. Do you h	ave dependents?	□ No					
Do not lis Debtor 2.	t Debtor 1 and	■ Yes.	Fill out this information for each dependent	Dependent's relations Debtor 1 or Debtor 2	ship to	Dependent's age	Does dependent live with you?
Do not sta				Child		0 mantha	□ No
depender	its names.			Child		9 months	■ Yes □ No
				Child		3	■ Yes
							□ No
				Child		5	Yes
				01.11			□ No
				Child		9	■ Yes □ No
				Child		11	■ Yes
expenses	expenses include s of people other and your depende	han _	No Yes				_ 100
Estimate your	of a date after the	our bankr	y Expenses uptcy filing date unless y y is filed. If this is a supp				
	uch assistance ar		government assistance i luded it on <i>Schedule I:</i> \			Your exp	enses
	al or home owners and any rent for the		ses for your residence. I	nclude first mortgage	4. \$		600.00
If not inc	luded in line 4:						
4a. Re	al estate taxes				4a. \$		0.00
	perty, homeowner	s, or renter	's insurance		4b. \$		0.00
	me maintenance, r				4c. \$		0.00
	meowner's associa			umo oquity loons	4d. \$ 5. \$		0.00
5. Addition	ai mortgage paym	ents for yo	our residence, such as ho	ine equity loans	э. ֆ	·	0.00

ebtor 1 ebtor 2	Jason Charles Coleman Courtney Nicole Coleman	Case num	nber (if known)	19-10093
Util	ities:			
6a.	Electricity, heat, natural gas	6a.	\$	750.00
6b.	Water, sewer, garbage collection	6b.	\$	200.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	280.00
6d.	Other. Specify: Propane/Gas	6d.	\$	83.33
Foo	od and housekeeping supplies	7.	\$	1,400.00
Chi	Idcare and children's education costs	8.	\$	400.00
Clo	thing, laundry, and dry cleaning	9.	\$	200.00
. Per	sonal care products and services	10.	\$	100.00
. Med	dical and dental expenses	11.	\$	250.00
	nsportation. Include gas, maintenance, bus or train fare.	10	Ф.	400.00
	not include car payments.	12.	·	
	ertainment, clubs, recreation, newspapers, magazines, and books	13.	· -	0.00
	aritable contributions and religious donations	14.	\$	850.00
	Urance.			
	not include insurance deducted from your pay or included in lines 4 or 20.  Life insurance	15a.	\$	0.00
	. Health insurance	15a. 15b.	·	0.00
	. Vehicle insurance	15c.	· —	200.00
	Other insurance. Specify: Poultry Farm	15d.	·	590.00
	es. Do not include taxes deducted from your pay or included in lines 4 or 20.		Ψ	390.00
Spe	rcify: Taxes	16.	\$	200.00
	allment or lease payments: . Car payments for Vehicle 1	17a.	¢	300.00
			·	300.00
	Car payments for Vehicle 2	17b.	:	200.00
	Other Specific	17c.	· -	0.00
	Other. Specify:	17d.	<b>»</b>	0.00
	ır payments of alimony, maintenance, and support that you did not report as lucted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).		\$	0.00
	er payments you make to support others who do not live with you.		\$	0.00
	cify:	19.	,	
	er real property expenses not included in lines 4 or 5 of this form or on Sch		our Income.	
	. Mortgages on other property	20a.		4,015.00
20b	. Real estate taxes	20b.	\$	45.00
20c	. Property, homeowner's, or renter's insurance	20c.	\$	50.00
20d	. Maintenance, repair, and upkeep expenses	20d.	\$	1,000.00
20e	. Homeowner's association or condominium dues	20e.	\$	0.00
Oth	er: Specify:	21.	+\$	0.00
	culate your monthly expenses			
22a	. Add lines 4 through 21.		\$	12,113.33
22b	. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
22c	. Add line 22a and 22b. The result is your monthly expenses.		\$	12,113.33
. Cal	culate your monthly net income.			
	. Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	8,500.00
	. Copy your monthly expenses from line 22c above.	23b.	-\$	12,113.33
00	Cultural control of the control of t			
23C	Subtract your monthly expenses from your monthly income.  The result is your monthly net income.	23c.	\$	-3,613.33
	The result is your monthly net income.	200.		-,

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

Yes.

Explain here: Expect payments to decrease with the proposal of a plan under which payments on the mortgage on line 20a would be reduced and the time for payments would be extended.

-HII	in this inform	nation to identify you	r casa:			
	btor 1					
Dei	DIOI I	Jason Charles C	Middle Name	Last Name		
	btor 2	Courtney Nicole	Coleman  Middle Name	Loot Nome		
'	ouse if, filing)			Last Name		
Uni	ited States Bar	nkruptcy Court for the:	MIDDLE DISTRICT OF N	IORTH CAROLINA		
	se number _1	9-10093				heck if this is an mended filing
Sta	as complete a	of Financial		are filing together, both are	equally responsible for sup	
		ore space is needed, n). Answer every que	•	this form. On the top of an	/ additional pages, write you	r name and case
Par 1.	<u> </u>	etails About Your Ma	arital Status and Where You	Lived Before		
	■ Married □ Not mar					
2.	During the Is	est 3 years, have you	lived anywhere other than	where you live now?		
۷.	During the le	ist 5 years, nave you	iived arrywriere other than	where you live now :		
	■ No □ Yes. Lis	t all of the places you l	ived in the last 3 years. Do no	ot include where you live now	<i>i</i> .	
	Debtor 1 Pr	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
<b>3.</b> state					ity property state or territory co, Texas, Washington and W	
	■ No □ Yes. Ma	ke sure you fill out <i>Scl</i>	nedule H: Your Codebtors (O	fficial Form 106H).		
Pai	rt 2 Explai	n the Sources of You	r Income			
4.	Fill in the tota	I amount of income yo	nployment or from operatin u received from all jobs and a have income that you receive	all businesses, including part		ndar years?
	□ No ■ Yes. Fill	in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	r last calenda nuary 1 to De	r year: cember 31, 2018)	☐ Wages, commissions, bonuses, tips	\$50,552.00	☐ Wages, commissions, bonuses, tips	\$50,552.00
			Operating a business		Operating a business	

Official Form 107

## Case 19-10093 Doc 3 Filed 01/29/19 Page 40 of 48

	Charles Colema ey Nicole Colem		Cas	e number (if known)	19-10093	
		Dobtov 4		Debtor 2		
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of inco Check all that ap		Gross income (before deductions and exclusions)
For the calendar ye (January 1 to Dece		☐ Wages, commissions, bonuses, tips	\$49,760.00	☐ Wages, comm bonuses, tips	nissions,	\$46,507.00
		Operating a business		Operating a b	usiness	
For the calendar yo (January 1 to Dece		☐ Wages, commissions, bonuses, tips	\$56,228.00	☐ Wages, common bonuses, tips	nissions,	\$56,323.00
		Operating a business		Operating a b	usiness	
■ No	e and the gross inco	ome from each source separa  Debtor 1	tely. Do not include income t	hat you listed in line  Debtor 2	4.	
		Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of inco Describe below.	me	Gross income (before deductions and exclusions)
Part 3: List Cert	tain Payments You	Made Before You Filed for	Bankruptcy			
No. Neitindix  Duri  * Si	ther Debtor 1 nor I vidual primarily for a ing the 90 days befor No. Go to line 7 Yes List below a paid that or not include ubject to adjustmen stor 1 or Debtor 2 of	each creditor to whom you pai reditor. Do not include paymer payments to an attorney for that on 4/01/19 and every 3 years or both have primarily consu	Immer debts. Consumer debtald purpose."  d you pay any creditor a total d a total of \$6,425* or more into the for domestic support oblighis bankruptcy case. Is after that for cases filed on timer debts.	il of \$6,425* or more in one or more payn gations, such as chil or after the date of	e? nents and th d support ar	ne total amount you nd alimony. Also, do
	No. Go to line 7 Yes List below include pay	ore you filed for bankruptcy, di 7. each creditor to whom you pai yments for domestic support o r this bankruptcy case.	d a total of \$600 or more and	d the total amount ye	•	
Creditor's Nar	me and Address	Dates of payme	nt Total amount paid	Amount you still owe	Was this p	ayment for

### Case 19-10093 Doc 3 Filed 01/29/19 Page 41 of 48

	otor 1 otor 2	Jason Charles Coleman Courtney Nicole Coleman		Ca	se number (if known)	19-10093	
7.	<i>Inside</i> of whi	n 1 year before you filed for bankrupters include your relatives; any general paich you are an officer, director, person ir iness you operate as a sole proprietor.	artners; relatives of any gen n control, or owner of 20% o	eral partners; partn r more of their votin	erships of which you	u are a genera ny managing a	al partner; corporations gent, including one for
	_	No Yes. List all payments to an insider.					
	Insid	ler's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment
8.	inside	n 1 year before you filed for bankrupter? de payments on debts guaranteed or cos		ments or transfer	any property on ac	count of a d	ebt that benefited an
	_	No					
		Yes. List all payments to an insider  ler's Name and Address	Dates of payment	Total amount	Amount you		this payment
				paid	still owe	Include cred	itor's name
Par	t 4:	Identify Legal Actions, Repossessio	ns, and Foreclosures				
9.	List al modif	n 1 year before you filed for bankrupt Il such matters, including personal injury ications, and contract disputes. No Yes. Fill in the details.					
		e title e number	Nature of the case	Court or agency	1	Status of th	e case
	Ken Han Cole Cole	neth Dale Briles & Cyana dy Briles v. Jason Charles eman & Courtney Nicole eman SP 330	Foreclosure	Randolph Cou Court 176 E Salisbur Asheboro, NC	ry St	■ Pending □ On appe □ Conclud	al
		Slat, Inc. v. Jason Coleman CVM 136	Civil	Randolph Cou Court 176 E Salisbur Asheboro, NC	ry St	☐ Pending ☐ On appe ☐ Conclud	al
	Cha	I Clark Powers v. Jason rles Coleman CVD 1141	Civil	Randolph Cou Court 176 E Salisbur Asheboro, NC	ry St	☐ Pending ☐ On appe ☐ Conclud	al
10.		n 1 year before you filed for bankrupt k all that apply and fill in the details belo		erty repossessed,	foreclosed, garnis	hed, attached	d, seized, or levied?
	_	No. Go to line 11. Yes. Fill in the information below.					
	Cred	litor Name and Address	Describe the Property  Explain what happened	ı	Date		Value of the property
11.	accol	n 90 days before you filed for bankru unts or refuse to make a payment bed No Yes. Fill in the details.	ptcy, did any creditor, inc		nancial institution	, set off any a	mounts from your
	Cred	litor Name and Address	Describe the action the	creditor took	Date a	action was	Amount

### Case 19-10093 Doc 3 Filed 01/29/19 Page 42 of 48

	otor 1 otor 2	Jason Charles Coleman Courtney Nicole Coleman			Case number (if known)	19-10093	
12.		in 1 year before you filed for bankr t-appointed receiver, a custodian, o			ssession of an assigne	ee for the ben	efit of creditors, a
		No Yes					
Par	t 5:	List Certain Gifts and Contributio	ns				
13.	_	i <b>n 2 years before you filed for bank</b> No	ruptcy, d	did you give any gifts with a total	value of more than \$60	00 per person	?
		Yes. Fill in the details for each gift.					
		s with a total value of more than \$6 person	00	Describe the gifts	Date the g	s you gave jifts	Value
		son to Whom You Gave the Gift and ress:	d				
14.	_	in <b>2 years before you filed for bank</b> No	ruptcy, o	did you give any gifts or contribut	tions with a total value	of more than	\$600 to any charity?
		Yes. Fill in the details for each gift or	contribut	ion.			
	more Chai	s or contributions to charities that e than \$600 rity's Name		Describe what you contributed		s you ributed	Value
	Wal	ress (Number, Street, City, State and ZIP Coo ters Grove Baptist Church 0 Cid Rd	de)	Tithe of 10% of income		ous dates the past	\$1,700.00
		ington, NC 27292				years	
	<b>I</b>	I <b>mbling?</b> No  Yes. Fill in the details.					
	Desc	cribe the property you lost and the loss occurred	Include	ibe any insurance coverage for the amount that insurance has paince claims on line 33 of Schedule A	d. List pending loss	of your	Value of property lost
Par	t 7:	List Certain Payments or Transfe		ice dains on line 33 of deficultie A	D. I Topolly.		
	Withi cons Includ	in 1 year before you filed for bankrulted about seeking bankruptcy or de any attorneys, bankruptcy petition  No  Yes. Fill in the details.	uptcy, di preparii	ng a bankruptcy petition?			erty to anyone you
	Add	son Who Was Paid ress iil or website address son Who Made the Payment, if Not	You	Description and value of any pre- transferred		payment ansfer was e	Amount of payment
	Wal 101 Suit Win	drep LLP S. Stratford Rd. te 210 ston Salem, NC 27104 drepllp.com			9/27 \$2,5 10/1 \$2,5	00 on /2018 00 on 9/2018 00 on /2019	\$7,500.00
	117	vard Bunch Sunset Avenue eboro, NC 27203		Consultation for bankruptcy	y Sep 2018	tember 3	\$100.00

Debtor 1 Jason Charles Coleman
Debtor 2 Courtney Nicole Coleman

Case number (if known) 19-10093

17.	Within 1 year before you filed for bankruptcy, d promised to help you deal with your creditors of Do not include any payment or transfer that you lis	or to make payments			or transfer any proper	ty to anyone who
	☐ Yes. Fill in the details.					
	Person Who Was Paid Address	Description and vatransferred	alue of any prop	perty	Date payment or transfer was made	Amount of payment
18.	Within 2 years before you filed for bankruptcy, transferred in the ordinary course of your busin	ness or financial affa	irs?			
	Include both outright transfers and transfers made include gifts and transfers that you have already lis  No			security intere	st of mortgage on your	oropeny). Do not
	Yes. Fill in the details.					
	Person Who Received Transfer Address	Description and va property transferre			any property or s received or debts xchange	Date transfer was made
	Person's relationship to you					
19.	Within 10 years before you filed for bankruptcy beneficiary? (These are often called asset-protect No  Yes. Fill in the details.		y property to a s	self-settled tr	rust or similar device o	f which you are a
	Name of trust	Description and va	alue of the prop	berty transier	reu	Date Transfer was made
Par	t 8: List of Certain Financial Accounts, Instru	ments, Safe Deposit	Boxes, and Sto	orage Units		
20.	Within 1 year before you filed for bankruptcy, w sold, moved, or transferred? Include checking, savings, money market, or of houses, pension funds, cooperatives, association.  No	ther financial accoun	its; certificates	of deposit; s		, ,
	Yes. Fill in the details.					
		est 4 digits of ecount number	Type of accou instrument	cl m	ate account was osed, sold, oved, or ansferred	Last balance before closing or transfer
21.	Do you now have, or did you have within 1 year cash, or other valuables?	r before you filed for	bankruptcy, an	y safe depos	it box or other deposit	ory for securities,
	■ No □ Yes. Fill in the details.					
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acco Address (Number, St State and ZIP Code)		Describe the	contents	Do you still have it?
22.	Have you stored property in a storage unit or p	lace other than your	home within 1 y	year before y	ou filed for bankruptc	/?
	■ No					
	Yes. Fill in the details.					
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, St State and ZIP Code)		Describe the	contents	Do you still have it?
		,				

	tor 1 Jason Charles Coleman Courtney Nicole Coleman		Case number (if known)	19-10093
Par	9: Identify Property You Hold or Control for	Someone Else		
23.	Do you hold or control any property that someofor someone.	one else owns? Include any proper	ty you borrowed from,	are storing for, or hold in trust
	■ No □ Yes. Fill in the details.			
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Valu
Par	10: Give Details About Environmental Information	ation		
For	he purpose of Part 10, the following definitions	apply:		
•	Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these sul Site means any location, facility, or property as	nir, land, soil, surface water, ground bstances, wastes, or material.	dwater, or other mediun	n, including statutes or
_	to own, operate, or utilize it, including disposal	sites.	•	, ,
	<i>Hazardous material</i> means anything an environ hazardous material, pollutant, contaminant, or s		s waste, hazardous sub	stance, toxic substance,
Rep	ort all notices, releases, and proceedings that yo	ou know about, regardless of wher	n they occurred.	
24.	Has any governmental unit notified you that you	u may be liable or potentially liable	under or in violation of	f an environmental law?
	No			
	Yes. Fill in the details.			
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	Environmental law know it	, if you Date of notice
25.	Have you notified any governmental unit of any	release of hazardous material?		
	■ No □ Yes. Fill in the details.			
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	Environmental law know it	Date of notice
26.	Have you been a party in any judicial or admini	strative proceeding under any envi	ironmental law? Include	e settlements and orders.
	■ No			
	Yes. Fill in the details.			
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
Par	11: Give Details About Your Business or Con	nnections to Any Business		
27.	Within 4 years before you filed for bankruptcy,	did you own a business or have ar	ny of the following conn	ections to any business?
	■ A sole proprietor or self-employed in a	trade, profession, or other activity,	either full-time or part-	time
	☐ A member of a limited liability company	(LLC) or limited liability partnersh	ip (LLP)	
	☐ A partner in a partnership			
	☐ An officer, director, or managing execut	tive of a corporation		
	☐ An owner of at least 5% of the voting or	equity securities of a corporation		

## Case 19-10093 Doc 3 Filed 01/29/19 Page 45 of 48

Debtor 1 Jason Charles Coleman Courtney Nicole Coleman		Case number (if known) 19-10093
<ul><li>□ No. None of the above applies. Go to</li><li>■ Yes. Check all that apply above and fil</li></ul>	Part 12. Il in the details below for each business.	
Business Name Address (Number, Street, City, State and ZIP Code)  Coleman Family Farm	Describe the nature of the business  Name of accountant or bookkeeper  Commercial Poultry Farm for	Employer Identification number Do not include Social Security number or ITIN.  Dates business existed EIN:
1706 Ross Wood Road Trinity, NC 27370	organic table eggs  Darrell S. Nance - Accountant	From-To July 2014 - Present
institutions, creditors, or other parties.	etcy, did you give a financial statement to	anyone about your business? Include all financial
☐ Yes. Fill in the details below.  Name Address (Number, Street, City, State and ZIP Code)	Date Issued	
	a false statement, concealing property, or	I I declare under penalty of perjury that the answers robtaining money or property by fraud in connection years, or both.
/s/ Jason Charles Coleman Jason Charles Coleman Signature of Debtor 1	/s/ Courtney Nicole Colema Courtney Nicole Coleman Signature of Debtor 2	an
Date January 29, 2019	DateJanuary 29, 2019	
Did you attach additional pages to <i>Your Statem</i> ■ No □ Yes	ent of Financial Affairs for Individuals Fi	ling for Bankruptcy (Official Form 107)?
Did you pay or agree to pay someone who is no ■ No □ Yes. Name of Person Attach the Bankro		

B2030 (Form 2030) (12/15)

# United States Bankruptcy Court Middle District of North Carolina

In re	Jason Charles Coleman Courtney Nicole Coleman		Ca	ase No.		
		Debtor(s)	Cl	napter	12	
	DISCLOSURE OF COMPENSA	TION OF ATTO	RNEY FO	)R DE	BTOR(S)	
C	ursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I ompensation paid to me within one year before the filing of the rendered on behalf of the debtor(s) in contemplation of or i	he petition in bankrupto	y, or agreed to	be paid	to me, for services	
	For legal services, I have agreed to accept				Hourly	
	Prior to the filing of this statement I have received		\$		7,500.00	
	Balance Due		\$	To Be	Determined	
2. T	he source of the compensation paid to me was:					
	✓ Debtor					
3. T	he source of compensation to be paid to me is:					
	✓ Debtor					
4. <b>[</b>	✓ I have not agreed to share the above-disclosed compensati	ion with any other perso	on unless they a	ire memb	ers and associates	of my law firm.
	I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the names of					y law firm. A
5. I	n return for the above-disclosed fee, I have agreed to render	legal service for all aspe	ects of the bank	ruptcy ca	ase, including:	
b c.	Analysis of the debtor's financial situation, and rendering a Preparation and filing of any petition, schedules, statement Representation of the debtor at the meeting of creditors and [Other provisions as needed]	t of affairs and plan whi	ch may be requ	iired;	-	nkruptcy;
б. В	y agreement with the debtor(s), the above-disclosed fee does Representation of the debtors in any dischar any other adversary proceeding.			oidance	es, relief from st	ay actions or
	CE	ERTIFICATION				
	certify that the foregoing is a complete statement of any agre nkruptcy proceeding.	eement or arrangement f	or payment to	me for re	presentation of the	e debtor(s) in
Ja	nuary 29, 2019	/s/ Thomas W. \	Naldrep, Jr.			
Da	te	Thomas W. Wal		35		
		Signature of Attor Waldrep LLP	ney			
		101 S. Stratford	Road			
		Suite 210 Winston Salem	NC 27404			
		(336) 717-1440		17-1340		
		notice@waldre				
		Name of law firm				

Fill in this infor	rmation to identify your	case:	
Debtor 1	Jason Charles Co	leman	
	First Name	Middle Name Last Name	
Debtor 2	Courtney Nicole	Coleman	
(Spouse if, filing)	First Name	Middle Name Last Name	
United States B	ankruptcy Court for the:	MIDDLE DISTRICT OF NORTH CAROLINA	
Case number	19-10093		
(if known)			Check if this is an amended filing
You must file th obtaining mone years, or both.	is form whenever you fi y or property by fraud in 18 U.S.C. §§ 152, 1341, 1	n connection with a bankruptcy case can result	rrect information.  s. Making a false statement, concealing property, or in fines up to \$250,000, or imprisonment for up to 20
Sig	gn Below		
Did you pa	ay or agree to pay some	one who is NOT an attorney to help you fill out	bankruptcy forms?
■ No			
☐ Yes.	Name of person		Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
	alty of perjury, I declare re true and correct.	that I have read the summary and schedules file	ed with this declaration and
X /s/ Jas	son Charles Coleman	X /s/ Courtn	ey Nicole Coleman
Jason	Charles Coleman	Courtney	Nicole Coleman
Signatu	ure of Debtor 1	Signature o	f Debtor 2
Date	January 29, 2019	Date <b>Ja</b> r	uary 29, 2019

# **United States Bankruptcy Court** Middle District of North Carolina

In re	Courtney Nicole Coleman		Case No.	19-10093	
		Debtor(s)	Chapter	12	

## **VERIFICATION OF CREDITOR MATRIX**

The above-named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge
--

Date:	January 29, 2019	/s/ Jason Charles Coleman	
		Jason Charles Coleman	
		Signature of Debtor	
Date:	January 29, 2019	/s/ Courtney Nicole Coleman	
		Courtney Nicole Coleman	
		Signature of Debtor	